U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 863%

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

				•		1/1/2	2004 Through:	12 / 31	/ 2004	
3. Name and address of person filing.					4. Name, file number, and address of labor organization.					
Name	Gary	Jo	ondle		Name	I.B.P.A.T Loc	cal 447			
				**	Labor	Organization File Nu	mber 273		-	
P.O. Box, Bldg., Room No., if any					P.O. Box, Building and Room Number, if any					
Street	eet 5000 J Street SW					Street 5000 J Street SW				
City	Cedar Rapids				City Cedar Rapids					
State	Iowa		ZIP Code + 4	52404	State	Iowa		ZIP Code + 4	52404	
5. Positi	on in labor organization.	Presid	ent/Trustee	to Pension	Fund					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of										
monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including toda pages) if any content or other economic periodic periodi										
Name Trade	Name, if any:		trade name, if an	у).	/.a. Nau	re of merest, frans	action, of income.			
P.O. Box, Bldg., Room No., if any					7.b. Amount.					
Street	gert til er det til de en statet det til det det det det det det til til en det det det til de en statet det d Beske forste en statet det til en statet det til det til en statet det til en statet det til en statet det til									
City						- Spanners of the spanners of		\$0		
State			ZIP Code + 4							
Signature										
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)										
Sign	ed Day	naf	Jh.		On	6-10-65 Date	319-3	(6 – 6 <i>5</i> 6 Telephone Numb	9 er	
Form LM	Form LM-30 (2003)									

Name of Person Filing Gary Jondie	The Number 9							
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any). Name I.B.P.A.T Local 447 PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5000 J Street SW City Cedar Rapids State Iowa ZIP Code + 4 52404	9. Business deals with: a. Labor Organization b. Trust c. Employer							
10. If 9.b. or 9.c. is checked give trust or employer's name. Name I.B.P.A.T Local 447 Pension Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 5000 J Street SW	11.a. Nature of such dealing.							
Street 3000 b 3LIEEL 5W	11.b. Approximate dollar value of such dealing.							
City Cedar Rapids	12.a. Nature of interest held or income received.							
State Iowa ZIP Code + 4 52404	9/29/04 Reimbursement of lost time wages to attend Trustee meeting during regular working hours.							
	12.b. Amount. \$121							
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. 14.b. Amount of payment.							
13.b. Is the Business an Employer or Consultant ?	Transferons							